

1645

PTO/SB/122 (10-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|-----------------|
| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Assistant Commissioner for Patents Washington, D.C. 20231 | Application Number | 10/ 009,926 |
| | Filing Date | 12/6/01 |
| | First Named Inventor | Octavian Schatz |
| | Art Unit | 1645 |
| | Examiner Name | N/A |
| | Attorney Docket Number | BOH6278P0030US |

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 32116 →

Place Customer
Number Bar Code
Label here

Type Customer Number here

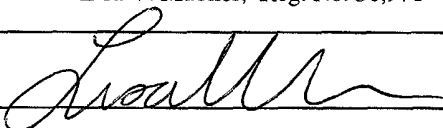
OR

| | | | | | |
|---|--|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Wood, Phillips, Katz, Clark & Mortimer | | | | |
| Address | Citicorp Center, Suite 3800 | | | | |
| Address | 500 West Madison Street | | | | |
| City | Chicago | State | Illinois | ZIP | 60661-2511 |
| Country | United States of America | | | | |
| Telephone | 312-676-1800 | Fax | 312-876-2020 | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

| | |
|--|---|
| Typed or Printed Name | Lisa V. Mueller, Reg. No. 38,978 |
| Signature |  |
| Date | 8-26-02 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

SEP 06 2002

TECH CENTER 1600/2900